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## PRACTICAL SUGGESTIONS



### TREATMENT OF TYPHOID HEMORRHAGE

BEING a constant reader of the JOURNAL, I have noticed many interesting articles written upon typhoid fever, disinfection of stools, bed linen, etc. No one has given her experience of the use of ice, either as a means of reducing temperature or applied externally to stop hemorrhage. Of course all nurses know the ice-cap to the head is an old standing remedy and nearly always a standing order. The ice-cap to the abdomen is an entirely different proposition.

I wonder if any of my sister nurses have had my experience with a case of ice-bag gangrene of the abdomen.

This patient, a woman aged fifty-two, weighing two hundred pounds, had had change of life seven years before. Of course the blood-pressure was heavy from this cause, and this partly accounts for the gangrene, all blood-vessels being congested. When I was called to the patient, she had just come from a very malarial climate and had been feeling very ill for three weeks, but tried to keep up and attend to household duties. At the beginning of the fourth week, she became so ill she had to go to bed. Her temperature did not range higher than 102°; pulse 72, 60, 52, 48, nearly all the time until the fifth week, when suddenly her pulse ran up to 128 and 130. Twelve hours after, while the patient was resting quietly, a severe hemorrhage came with such force as to go through the sheet and strike the wall, spattering the floor. Drugs, hypodermatically, had been ordered by the physician, and were given quickly, all sterile, needle perfectly sterile, skin thoroughly cleansed. Each hypodermic caused an abscess, or sloughing. I tried four methods of giving them and all acted the same. There was no absorption.

When hypodermics do not act in a case of hemorrhage in typhoid, then a nurse is at her wits' end, so many physicians object to rectal treatment in cases of hemorrhage.

The patient vomited blood by mouth, ten ounces to one pint at a time, so could not take anything by mouth. Nausea was very great. **The only things that did stop bleeding were the ice-bag and high saline flush.** The high flush seems to be against the usual treatment, still in this case it acted admirably. This patient had seventeen large hemorrhages, the odor so bad that one could hardly stay in the room. One can

readily understand how much the ice-bag had to be used. In spite of its use, gangrene set in and the abdominal wall sloughed out. Oh! but I was frightened for fear of peritonitis, but no complications set in, and the patient lives to tell the tale of her wonderful recovery, with hardly a scar visible.

Had this patient not had a marked idiosyncrasy against spts. turpentine in all probability there would have been no use of ice, but she simply could not take turpentine or have it administered in any form. For the benefit of those nurses who sometimes have to act in emergency here is an almost sure, simple remedy for stopping hemorrhage in typhoid:  $\bar{5}$ vi or  $\bar{5}$ viii tepid sterile water;  $\bar{5}$ i spts. turpentine; 1 yolk egg, no white. Mix all together and let flow slowly through the syringe, using the small rectal nozzle. Take a towel, and use pressure to the rectum for five or ten minutes. It is so simple and its action wonderful.

I hope these few lines will help some of my sister nurses.

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**DISTINCTION BETWEEN HYSTERIA, NEURASTHENIA, HYPOCHONDRIA AND SIMULATION.**—At a meeting of the Michigan State Medical Society, as reported in the *Journal of the American Medical Association*, Dr. Carl D. Camp, Ann Arbor, called attention to the liability of confusing these conditions and to the means of differentiating them. In hysteria there were the so-called accidents, which were transient phenomena—*e.g.*, paralysis, convulsions, emotional outbursts, etc.—and the stigmata, which were permanent manifestations—*e.g.*, concentric contraction of the visual fields, reversal of the color fields, anæsthesia of conjunctiva, pharynx or skin (not corresponding to nerve distribution), mental characteristics, etc. In neurasthenia there was always history of a mental or physical strain too great for its victim's organism to endure; the patient was fatigued in body and mind, had fatigue pains (as backache), lack of mental concentration, loss of memory, irritability and increased reflexes. There were no manifestations like the accidents or stigmata of hysteria. In hypochondria the patient believed he was ill when he was not; he attributed to himself symptoms that he had seen, heard or read about, but had no signs of hysteria or neurasthenia. In simulation, the patient had some ulterior purpose and was rarely able to carry out a well-feigned series of consistent manifestations.